
Washington Metropolitan Area Transit Commission

Application for Voluntary Termination of Carrier Operating Authority

APPLICANT INFORMATION

WMATC Carrier No.	Name of Carrier (as shown on certificate of authority)
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Trade Name *(if applicable)*

Street Address of Principal Place of Business

Mailing Address if Different from Street Address

Telephone Number	Fax Number
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APPLICANT'S VERIFICATION

On behalf of applicant, I hereby request that all authority to transport passengers for hire under WMATC Certificate of Authority No. _____ be terminated, effective immediately. I verify that applicant has paid all outstanding late fees, annual fees, and civil forfeitures owed to the Commission. I understand that if this application is approved by the Commission, applicant must apply for and obtain a new WMATC certificate of authority before it can transport passengers again. I further understand that transporting passengers within the Metropolitan Area Transit District without proper authority is punishable by fines up to \$5,000 per day. I also verify under penalty of perjury, under the laws of the United States of America, that I am qualified to make this application and that all information submitted in support of this application is true and correct to the best of my knowledge and belief.

Date

Print Name

Title

Signature